Florida Department of State Division of Sporaticals Blectronia Filing Corer sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ALLEY, MAASS, ROGERS & LINDSAY, P.A.

Account Number : 072100000047 Phone : (561)659-1770 Fax Number : (561)833-2261

LLC DISSOLUTION OR WITHDRAWAL MCARTHUR COTTAGE, L.L.C.

RECEPTOR 1 E S PM 3: 58
DEPATHENT OF STATE
DIVISION OF CORPORATIONS
TALLANIA 3: SEC. FLORIDA

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\$55.00

2023 JUL - 5 PM 1: 39
SECRETARY OF STATE
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Corporate Filing Menu

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COVER LETTER

		1 Section Corporations		
erm neces.	McArt	hur Cottage, L.L.C.		
SUBJECT:		(Name of Fo	reign Limited Liability	(Company)
Dear Sir or I	Madam:			
The enclose	d withdo	awal and fee(s) are submitte	ed for filing.	
Please return	all corr	espondence concerning this	matter to the following	g:
M. Timothy	Hanlon			
		(Name of Person)		_
Alley, Maas	s, Roges	rs & Lindsay, P.A.		
		(Firm/Company)		_
340 Royal P	oinciana	a Way, Suite 321		
		(Address)	· · · · ·	_
Palm Beach	, Florida	. 33480		
		(City/State and Zip Coo	le)	•
For further is	nformati	on concerning this matter, y	olease call:	
M. Timothy	Hanion		561 at (659-1770
	(No	ame of Person)		& Daytime Telephone Number)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is	a check	for the following amount:		
□\$25 Filing	g Fee	S30 Filing Fee & Certificate of Status	■\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

McArthur Cottage, L.L.C.	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
09/09/2022	
(Date registered with Florida Department of State)	
M22000014074	
(Florida Document Number)	_
This limited liability company is withdrawing its certificate of authority i	n this state.
Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prio more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statut this date will not be listed as the document's effective date on the Departs	fory filing requirements, ment of State's records.
(Signature of authorized representative) M. Timothy Hanlon	ynsutritis SALLA
(Typed or printed name of signee)	PPROVED FILED FILED IL-5 PM I: 39 ILARY OF STATE ILARY SET, FLORED

Filing Fee: \$25.00